

**APPLICATION FOR REPLACEMENT
WORK PERMIT BADGE**

Application Complete	
WP Number	
Date referred to DGC	
Fee Received	
Entered in Database	
For Commission Use Only	

Please read the instructions for Application for Replacement Work Permit Badge (CGCC-026A). **This application is only used for the badge replacement of valid work permits issued by the California Gambling Control Commission as provided in California Code of Regulations Title 4, Section 12120.** Type or print legibly in ink an answer for each question. If a question does not apply to you, please indicate with "N/A". Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other substitutions must be initialed and dated by the applicant.

PLEASE TYPE OR PRINT ALL INFORMATION

Part I	APPLICANT NAME	
	HOME ADDRESS	
	MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)	
	PHONE NUMBER ()	E-MAIL ADDRESS (optional)
	DATE OF BIRTH	WORK PERMIT NUMBER
	NAME OF GAMBLING ESTABLISHMENT ON YOUR EXISTING WORK PERMIT	

Part II	I would like to replace my lost or stolen work permit badge to the following gambling establishment:		
	NAME OF GAMBLING ESTABLISHMENT		
	MAILING ADDRESS		
	PHONE NUMBER ()	FAX NUMBER (if any) ()	E-MAIL ADDRESS (if any)
	JOB TITLE AND DESCRIPTION OF DUTIES:		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Applicant

Date

I hereby authorize the California Gambling Control Commission, or its representatives, to furnish any information of any nature concerning me to the Department of Justice or the licensed gambling establishment for which I am employed.

Signature of Applicant

Date

I certify that this applicant holds a position under my employ and I have authorized his/her application for work permit badge replacement.

Signature of Owner/Hiring Authority/Designated Agent

Name and Title (print)

Date